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Original Article.

SUPPURATIVE PERFORATIVE OSTEO-MYELITIS OF INFERIOR MAXILLA, AND MULTIPLE SUPPURATIVE OSTEO-MYELITIS OF TIBIAL SHAFT, IN ANOTHER PATIENT.

By THOMAS H. MANLEY, M. D.

Surgical Clinic at Harlem Hospital, New York.

DR. MANLEY stated that he had been specially fortunate, in being able at the same clinic to exhibit two very interesting cases of an identical pathological process, in two different subjects, who, in each, presented, however, very widely diverse conditions, as to age, general condition and the seat of lesion.

The first case was a young woman, born of healthy parents, in Germany 27 years ago. She was cigar-maker by occupation and always enjoyed good health until two years ago. He said you will notice that she is of slight build, fair complexion, bright eyes, but of anemic appearance.

Two years ago she had the left lower bicuspid and first molar tooth extracted. Since then she has had constant trouble with the left lower jaw. At first there were neuralgic pains, then swelling and tenderness along the ramus of the left lower jaw; and finally, something about fourteen months ago, an abscess formed and burst, just a little posterior to the anterior surface attachment of the masseter muscles into the same jaw-bone, in other words, about three lines posterior, to the point at which the facial artery winds over the free border of the jaw. She has been under various practitioners' care, trying, in turn, antiseptic solutions, iodoform ointment, poultices and caustics; but in no instance with any substantial benefit. It had been dried up or healed, in this time, twice; but each time with the closure of the drain her sufferings were aggravated, until it reopened.

Along with the disfiguring effect of the opening, she has to continually wear some sort of absorbable material to soak up the drip, which intermittently escapes from it. Now, the question arises what is the nature of this lesion and where is the precise source of this discharge?

She denies specific disease, and it surely is not malignant; this case, then, is one which in modern times is known as tubercular. But how did she acquire tuberculosis? She did not inherit it, nor has she been subjected to contagion. The fact of it is, she has what our fathers in medicine would have designated a strumous-diathesis. At the time of the extraction of these teeth the alveolar arch was damaged by misdirected forceps pressure, or else the dentist has left the necrosed fang of a tooth imbedded in the jaw. This has acted as a splinter or foreign body so that we have a condition present, dependent on two distant conditions. First, a constitution-cachexia, plus a traumatism. The precise source of this sinus which opens through the soft parts, is in the osseous elements of the jaw.

The prognosis, in tubercular disease in bone is said to be unpromising in adults. This is correct, when the process extends into, and involves the joints; but it certainly is not when the lesion is limited to the shaft or diaphysis, as in this case; for though I have treated a considerable number of this description, I have yet to see one which did not promptly and permanently recover. The operative technique, in this case, will consist of the application of a few simple principles of surgery. First, go into the mouth and make a deep furrow, with the scalpel down on to the alveolar surface of the bone, at the suspected point. If we come on a fang, and I think I can feel one, freely strip and extract it. Next make a free opening over the small sinuous fistula and trace it to the point of disease in the bone. Scrape away all the softened carious bone, trim away the cicatricial, calloused edges of the ulcer and firmly seal in the cut with fine silk. We will do the draining through the mouth. The patient being ready, the first step in the operation was to enter the buccal cavity and extract the long angular necrosed root of a tooth. Now, the operator seized a small pointed gouge and scraped the cavity from which the dental substance had been removed. He said that here the bone was so rotten and friable that he could push his little finger entirely through the bone shaft into the opening in the skin. A direct communi-

cation was now made, the cavity of the mouth being continuous with the external opening. After grattage and irrigation the external wound was pared and carefully sutured, when the usual aseptic dressings were applied.

The second patient, was a boy ten years old with the following history: Six months previously he had scarlet fever, after which he suffered from nephritis, and rheumatic pains in the lower limbs. About three months ago, two suppurative points broke out on the inner surface of the left leg from which a sero-purulent matter has since issued. After awhile along the same plane, and on the same surface, many other purulent foci erupted, and now as can be seen, one side of the limb, from the knee downward, is covered with port-holes which communicate with necrosed bone. Twice the pus has made its way to the surface. All severe pain in the limb has ceased.

What is the pathological character of the process which has led to such extensive bone disease? Is the lesion tubercular? In answer to this one might ask, is the specific germ present? We may say, that it has not been proved. In fact, I attach no importance whatever; to the presence or absence of this germ, for it is incontestably true that we may, and do have strumous disease, so-called tuberculosis without the bacillus. And, again we often find myriads of them, in the laudable pus of a healthy strumous wound. The fact is, that the basis of this boy's disease is blood change. The poison of scarlet fever is terribly destructive to the blood, and the vaso-motor nerves. In this case, the deeper layers of bone, lining the medullary canal have simply perished, through mal-nutrition. It may be noted that although there is extensive disease of this boy's leg, yet he walks without a limp. This is commonly found in all cases, where the bone lesion is at a considerable distance from an articulation.

On an examination of the limb, I find a probe will enter any one of those apertures and penetrate deeply into the medullary cavity. Small, loose particles of sequestra can be felt at the top of the probe. Now, I will by surgical interference endeavor, at least, to do to this boy no harm, that is, I will simply en-

large those openings and endeavor to pick out with the dressing forceps, the fragments of remaining dead bone, which the natural processes of life are, unaided, rapidly disintegrating and throwing off, by liquefaction; It might be said that as I have not very extensively opened the cavity of this bone some microscopical foci of the disease may have remained. But, in my experience the generalization of tubercle is never dependent on a local lesion; hence, I am confident that in operating in these cases, it is better to err on the side of conservatism, than to take chances on an extensive mutilation and consequent damage to structures, which might have been preserved, if nothing whatever had been done, other than by a tentative therapy.

SINGULTUS: ITS CLINICAL VALUE AS A SYMPTOM AND ITS TREATMENT, WITH THE REPORT OF AN OBSTINATE CASE.

By F. S. PARSONS, M. D., LANSDOWNE, PA.
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IT is with difficulty that I have been able to find much literature upon the subject of singultus, or hiccough, not because it is so rare a symptom, as that few have written about it, apparently. Ordinary cases of hiccough do not excite especial attention and are easily controlled, generally without medical attendance. Often a glass of cold water, forced suspension of respiration for a moment, pressure over the phrenic nerve in the neck, or lifting up the liver, and hence, the diaphragm, by upward pressure under the border of the right lower ribs often relieve the hiccough at once. But this symptom, appearing during the course of a given disease, is quite a different matter, and sometimes not so amiable an affection to deal with. Especially is this true when the system has been over-taxed by some wasting disease.

Hiccough is a clonic spasm of the diaphragm, consisting of violent contractions of that muscle, accompanied by an inspiratory sound, interrupted by a momentary spasm of the constrictors of the glottis, and terminates in a short expiration.

There are, as far as can be determined, three principal causes for singultus.

1. It may be the result of direct irritation of the phrenic nerve, by pressure of tumors of the mediastinum, aneurisms, and pleuretic effusions, (if the mediastinal pleura be involved.)

2. It may be of a reflex nature; as from irritations of the pharynx, esophagus, stomach, intestines, peritoneum, biliary or renal calculi, and diseases of the prostate and uterus.

3. It may arise from central origin; as in hysteria, after emotional excitement, hemorrhages, in cholera, severe dysentery, typhoid fever, perforation of the intestine, yellow-fever, and other depressing diseases.

According to the intensity and duration of the spasm, singultus may be accompanied by pains, retraction of the epigastrium, embarrassment of speech, and symptoms of dyspnea.

It must be remembered, in considering the causes of singultus, that the two phrenic nerves differ in length, and also in their relations at the upper portions of the thorax. Arising from the third and fourth cervical nerves, and receiving a communicating branch from the fifth, thence descending to the root of the neck, lying obliquely across the front of the scalenus anticus muscle; passing over the first part of the subclavian artery and entering the chest they cross the internal mammary arteries near their roots.

Within the chest the nerves descend nearly vertical, in front of the root of the lung, between the pericardium and the mediastinal pleura, to the diaphragm, where each divides and sends branches into that muscle and also supply its under surface. The right nerve is deeper, shorter and more vertical than the left. Each supply filaments to the pericardium and pleura, and near the upper portion of the chest are joined by filaments from the sympathetic, and sometimes by one from the union of the descendens noni with the spinal nerves, as well as by a filament from the nerve to the subclavian muscle. From the right phrenic nerve one or two filaments pass to join a small ganglion with the phrenic branches of the solar plexus and branches from this ganglion are distri-

buted to the hepatic plexus, the supra renal capsule, and inferior vena cava.

Thus it will be seen that irritation of the branches of the phrenic, though considerably removed from the main trunk of the nerve, may be followed by hiccough.

In treating cases of long continued singultus the removal of the cause is all important for permanent results. The cause, as we have seen may come from three sources, direct irritation, reflex phenomenon, or central disturbance.

In cases where the cause is from direct irritation of the phrenic, and which generally are of mild spasmodic action, or short duration of the hiccough, cold water, ice, and acid drinks will often be of service. Pressure over the phrenic nerve, as well as under the liver as previously indicated will relieve most of these cases.

When the cause is of reflex origin, disturbances of the pharynx, stomach, and liver, diseases of the kidneys, uterus, or prostate must be sought and corrected. Instituting a counter irritation may succeed in these cases of reflex irritation. Dr. Gibson in the *Edinburg Medical Journal*, April, 1886, refers to sneezing as a counter irritation to hiccough, and the successful removal of the latter by a production of sneezing by tickling the nostrils. He further states that "there is not the necessity of the stimulus applied producing the sneezing, but the application of the irritant to the nasal mucous membrane may be quite enough to allay the hiccough by diverting the nervous energy into other channels."

When the symptom of hiccoughing arises from troubles of central origin, the case assumes a different aspect. Then it is that all the resources of therapeutics may be called in play before the spasm yields. Diseases may have supervened to irritate or disable the central nervous system. Anemia and general debility often attend the decline of such diseases as typhoid fever to such an extent as to cause singultus of the most profound type and in this situation it is generally safe to pronounce a grave prognosis.

The hysterical forms of singultus will often succumb to enemata of asafoetida, hypodermic injections of morphine, atropia internally, or chloroform inhala-

tions. Galvanism of the phrenic nerve may be tried with some hope of relief. Moist frictions, hot half-baths, affusions to the head and neck, or circling douches around the base of the thorax are often recommended. Chloral, bromide of potash, belladonna, antipyrine, cocaine, and other antispasmodics are all suggested and worthy of trial in protracted cases. Musk is a conventional remedy best adapted to the hysterical, but considered by some as specific, almost, in this disorder. Mustard drinks have been suggested by some authors. Dr. J. A. Culen in the *Therapeutic Gazette* of August, 1886, states that he was given hyoscyamus in prolonged cases with good results, half a grain of the drug having been the dose, given in pill form, every three hours.

In one instance I have been successful by the employment of ergot when all other agents failed, but from the outcome of the case I am in doubt whether the good results of the drug were due to its action on the nerve centers or its action on the arterioles to produce anemia at the point of the offending irritation and thus removing the cause. The following is an account of the case: Robert C., age 58, lather by trade, always healthy previously, though not always temperate, contracted typhoid fever, which ran a mild course, the temperature never running higher than 103 degrees F. or the pulse over 100 beats per minute. The usual gurgling and tenderness on pressure over the right iliac fossa was present. There was some tympanites which was easily relieved by turpentine stupes over the abdomen, but the bowels were inclined to be more or less constipated, rather than the usual diarrhea which accompanies these cases. However, the stools were of the usual ochre color and exceedingly offensive for the first week. Slight cerebral symptoms existed during the second week which were of a temporary nature, consisting more of mind-wanderings in the night time than actual delirium. The patient was not markedly weak or emaciated.

The treatment of the first two weeks, after a single dose of calomel of two grains, was antipyretic, antifebrin being used in small doses.

At the end of the second week sin-

gultus appeared, which continued unabated, with regularity at every breath, for eight days. After the failure of minor "home remedies" I was summoned. On arrival I found the patient with a pulse of 108 and a temperature of 103 F. hiccupping loudly at every breath. Injected a quarter grain of morphia hypodermatically. That night he slept soundly but the nurse informed me that the hiccupping had continued uninterruptedly throughout. Then I tried full doses of chloral, but with similar results. This was followed by five drop doses of bella-donna every hour for a day, but to no purpose. Then a prescription of chloral, bromide of potassa, belladonna and musk was given which had no effect on the spasm. In succession were then tried ether internally, chloroform, faradism over the diaphragm, cold and heat passed alternately up and down the spine, a tight bandage about the base of the thorax and hyoscyamus, but the hiccupping continued evidently unabated. Then the production of sneezing was attempted according to the method of Dr. Gibson. and the patient was allowed to inhale some powdered quillaya saponaria, but, although the drug was so penetrating that the attendants were affected, the patient could not be induced to sneeze thereby, neither was the singultus affected. It was now eight days since the onset of this spasmodic affection and the patient was visibly exhausted from its long continuance. It had been suggested that the difficulty might be caused by a hyperemic condition of the nerve center, and ergot was advised a trial. Accordingly fluid extract of ergot was given in half teaspoonful doses every hour, the second dose relieving the spasm, and with the fourth the singultus entirely ceased. Then the ergot was discontinued, but the singultus returned after four or five hours and the ergot was renewed with like result.

The patient then began to rally and in two days felt strong enough so that against my advice he sat up to have his bed changed. The ergot had been gradually discontinued and stopped with no return of the hiccupping. The fever also abated and pulse were about 90. Within the next twenty four hours,

this patient was seized with a copious hematemesis consisting of dark and clotted blood which was afterwards mixed with bright arterial blood. This new phenomenon continued throughout the day the patient going steadily into a state of collapse from which he never rallied. I afterwards learned that he had been given meat to eat that day. An autopsy was refused. It may be safe to assume that an ulcer of the stomach, of typhoidal nature, was the cause of the hemorrhage and probably the cause of the long continued singultus.

This conclusion is reached from the ultimate outcome of the case. Had the meat not been given, the patient may have recovered, even though the ulcer had been deep. The evident lesson to be learned from this case is that one should be always guarded in his prognosis when singultus arises in connection with some acute or debilitating disease, while occurring in healthy persons it is in itself nothing to occasion alarm.

STUDIES IN INFANT FEEDING.

There are certain requisites for an infant's food before it can be recommended for general use. Thus, it must be readily procurable under the common and ordinary conditions of life; it must be digestible, nourishing, and fairly cheap. The mixing or preparation of such a food must not be too complicated. The conditions here mentioned can only be met by employing cow's milk, more or less diluted or altered, according to the necessities of the case. Those who have had a large dispensary and hospital experience in artificial infant feeding among the poor can not have failed to notice the frequent tendency to atrophy. This is often so extreme as to cause death. Even in cases not so marked there is almost universally present a condition of underweight. Many unfavorable hygienic conditions favor this deplorable result, but the principle cause is the nature and quality of the food that is administered.

The milk as ordinarily delivered on a

*Abstract of paper read before the Section in Pediatrics of the First Pan-American Medical Congress, by Henry Dwight Chapin, M.D. New York, N. Y.

given morning in New York, and doubtless in other large cities, consists of a mixture resulting from the milkings of the previous morning and the night preceding, thus being from twenty-four to thirty-six hours old. If the milk dealer knows his farmers, he can sometimes induce them to put the twenty-four hours' milk in a can by itself, which is a gain as regards infant feeding. What is urgently needed is more scrupulous cleanliness in the handling of the cows and milk upon the farm, and quicker and more frequent methods of transportation of the milk to town in order to represent a real gain in the feeding of infants. It need hardly be mentioned that the average milk from a herd of cows is better and safer than the traditional one cow's milk. As soon as the milk is received in the early morning it is put in a tin pail or wide-mouthed vessel that is covered and allowed to stand in a cool place for three hours. The top half only of this milk is to be administered to the infant, as advised by Dr. Meigs. This top portion is best separated by being carefully dipped off by a cup or ladle. If decanted, both layers of the milk will become mixed by the lower part rising when the vessel is tipped.

The minimum of fat allowed for genuine milk is three per cent. The increased amount of fat procured in the part of the milk to be used represents a real gain in feeding the infant. The newer analyses of milk do not confirm the older view that cow's milk contains more fat than human milk, but rather the reverse. Thus Professor Leeds found, upon analyses of forty-three samples of woman's milk, an average of 4.013 per cent. of fat, while upon analyses of eleven samples of whole market milk the average percentage of fat was only 3.75 per cent. König finds the average of fat in woman's milk to be 3.90 per cent., and in cow's milk 3.66 per cent. Professor Rotch places the average of fat in both cow's and woman's milk at four per cent. As cow's milk has to be more or less diluted before being administered to the infant, the necessity of starting with a preparation that is rich in fat will be apparent. The next step to be taken is to see that all fermentation in the milk is stopped. Cow's milk, as ordinarily

procured, must be treated for its biological as well as its chemical properties. The well-known process of sterilization aims to fulfil this object. Partial sterilization, or pasteurization, to the point of killing the germs only, is necessary and desirable. The high and continuous temperature required to destroy spores produces various unfavorable changes in the milk. Practically, all that is required is to submit the milk to sufficient heat to destroy the bacillus of lactic-acid fermentation which causes the souring of milk. This bacillus has been described as of small oval form, occurring singly and in pairs. It is easy, by prolonged and repeated applications of high temperature, to keep milk indefinitely from souring. By reheating once or twice, it can be kept for months without any sign of acid fermentation. Such milk, however, is by no means fit for administration to the infant, as the fat collects in masses and changes have taken place in the albuminoids. The casein is altered, the milk remaining more or less liquid in the stomach, as the action of the stomach acids and of the lactic ferment on the casein of sterilized milk is incomplete. Analyses of excrement show more nitrogen and more fatty acids after feeding with sterilized milk than with raw milk. Not only is the digestibility of the milk diminished by long heating, but the necessity for it indicates so many bacteria that their excreta, which can not be rendered harmless by heat, may cause poisoning. It has been found that milk well sterilized will, after a certain interval of time, undergo a species of decomposition with an alkaline reaction. Dr. Koplik states that the alkaline fermentation has not been investigated to such an extent that we can with certainty pass upon the deleterious or non-deleterious effects upon infants of the products of this decomposition. Accordingly, this writer condemns the storage of sterilized milk and its subsequent use after prolonged periods, and I concur in this opinion. Simply sufficient heat must be applied to the milk to keep it sweet until the next supply can be procured. An ordinary double boiler, such as is found in every kitchen, will meet all the requirements of average heating. The Arnold steam cooker may prove more convenient, and

Freeman's pasteurizer is handy and efficient. As a rule, fifteen minutes' heating is sufficient with the bottles well plugged with cotton. The addition of a one per cent. solution of peroxide of hydrogen is a safe preservative of milk for some hours, when heating is undesirable or not convenient. If more scrupulous care were exercised at the source of the milk supply, and the impurities completely separated by the centrifugal process, in the great majority of cases no means at all for preservation need be employed, and an advance in this direction is urgently needed.

We still have facing us the old and difficult problem of how to act best upon the tough, leathery curds of cow's milk as to make them most acceptable to an infant's weak digestion. Not only are the albuminoids much greater in amount in cow's milk, but the portion coagulable by acids is greater than the non-coagulable part, while in woman's milk the non-coagulable part much exceeds the coagulable portion. Hence the dilution of cow's milk, while reducing the albuminoids to a proper percentage, does not necessarily render the clot sufficiently soft to be readily digested by the infant. The question whether the size of the curd stands in any relation to the substance used as the diluent has been disputed. It has been taught that by adding gruels of the cereal grains to the milk the clot is mechanically attenuated. Dr. Rotch states, on the contrary, that practically the size of the curd depends simply on the dilution of the albuminoids and not upon the particular menstruum used.

Clinical results, however, point plainly to the utility of diluting with barley water, except in very young infants, and I believe the beneficial effects are, to a certain extent, due to a lessening of the compact character of the clot. The disadvantage in the employment of wheat or barley flour consists in the large proportion of starch contained in these grains, which may be great in very young infants. This starch may be rendered more soluble and easy of assimilation by heat or diastasic action. In many cases the effect of prolonged heating upon barley and wheat flour seems to have a beneficial effect, particularly when

there is a tendency to diarrhea. The good results of the old flour ball, made by prolonged boiling of the wheat flour in a bag, have long been recognized. But the heat so applied does not produce its beneficial effect by chemically changing the starch, but probably from some physical alteration which renders it more effective as a diluent.

The effect of dry heat upon starch is to produce changes into soluble starch, retrodextrin, achroodextrin, and finally a small percentage of dextrose and maltodextrin.* The higher dextrans are more soluble. Starch does not begin to dextrinate until 250° F. is reached, and this temperature should be maintained for several days if there is any quantity to be changed. At between 350° F. and 400° F. dextrination may take place in a few hours. It is evident that such a high temperature can not be maintained by any domestic process. If put into an oven the flour will soon be scorched or burned. An analysis of unheated meal taken from the same barrel yielding two-thirds more sugar and one quarter more dextrin than heated meal. The cause of this is that the diastase, whose function it is to convert starch into sugar and dextrin, is partially paralyzed by heat, the ferment undergoing this change at about 175° F. Starch treated with diastase is split up quickly into maltose and dextrin, and the longer the action is continued, the higher dextrin will be formed such as achroodextrin and maltodextrin. After a number of experiments and analyses, Dr. Eiloart has devised a receipt for which I am indebted to him, and which has been used at the babies' wards, consisting of a mixture of barley or wheat flour treated with diastase,† the temperature of digestion being regulated by the addition of hot and cold water in proper proportion.

This food can be easily and cheaply prepared in any household, and while the starch is changed to more soluble forms, there is not an excess of sugar.

Either barley, wheat or oatmeal may be thus treated, the principal difference

*Stohmann and Kerl. *Musspratt's Chemie*, Bd. xi. Braunschweig, 1889.

†Maltine was the preparation here yielding the diastase.

being the varying proportions of fat contained in these grains. According to Dietrich and König, the percentage of fat is as follows: Barley, 2.09; wheat, 1.55, and oats, 6.09. This may be borne in mind in prescribing for diarrheas and the various forms of indigestion.

The effect of malt upon milk is to favor its digestion and assimilation.

The actual results obtained from the use of food thus prepared in the babies' wards have been good, considering the class of cases treated. During May, June and early July thirty-seven infants suffering from various degrees of gastro-intestinal irritation and inflammation, and from one to ten months old, were thus fed. Seventeen increased slightly in weight after a week or so, sixteen lost a little in weight, and four remained stationary. When sterilized milk, diluted to the proper point with water, lime-water, or plain barley water, has been used, there is almost invariably a steady and slow loss of weight from the first, so that the change so often noted upon malt-ing the preparation can not fail to be gratifying. Dr. Judson C. Smith, who is the district visitor for the hospital, seeing a certain number of the patients after they have been discharged, tells me he has used the extract of malt to peptonize milk about a year, both for infants and adults, with very satisfactory results. Babies from four months to one year old, when losing weight on other methods of feeding, have usually gained flesh and improved in every way on milk prepared with malt. One tablespoonful of malt is added to a pint of milk, which is heated from twenty to thirty minutes and then brought to the boiling point. The milk is then diluted with water according to the age of the infant.

A meeting of the Southern Surgical and Gynecological Association, will be held in New Orleans on the 14th, 15th, and 16th day of November. The members of the medical profession are cordially invited to attend.

W. E. B. DAVIS, M. D., *Secretary.*

BIRMINGHAM, ALA.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

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PHILADELPHIA, SEPTEMBER 30, 1893.

THE FATE OF THE DRAINAGE-TUBE AND THE IRRIGATOR.

THE above title has suggested to the writer, the remarkable changes recently observed by him in some of the operating theatres of world-wide reputation.

Then, where, O! where, we ask, is the ponderous irrigating-jars, the yards of rubber tubing; and, where is our operator, in his massive wooden clogs or rubber boots, as he waded through pools of fluids, which, after they drenched the patient, flowed in torrents over his rubber-enveloped body?

And where is the drainage tube; that

canalated conduit, without which, it was taught, a clean, dry wound would be impossible? The unfortunate wounded or mutilated had his body or limb so transfixed with this that they seemed like so many spines or spurs passing out of the openings made for them in the tissues.

Alas! in human fallibility the day of the tube too is numbered. Yes! all this artillery of monster jars, hydraulic apparatus, steaming boilers and multiple formidable drainers has no place in the hands of a rational operator, unless he attaches a leading importance to stage fixtures and theatrical effects.

In Sir Joseph Lister's operating room one is quite confounded at the simplicity of operative manual.

We look in vain for the white-frosted operator. The manager, with his coat on, turns up the sleeves, washes his hands, and slips on a pair of sleevelets, which are tied at the shoulders and wrists. A nurse with a quart hand-bowl in hand, supplies all the necessary douching material. The drainage tube is never seen, except in foul suppurating wounds. Yes, we have drained too much, we have irrigated too much. They are invaluable agents in rare, unusual cases. In clean, healthy wounds they are not only useless, but harmful and might as well be thrown out altogether as used to the absurd and needless extent which has heretofore characterized their employment.

T. H. M.

PERSONAL.

WITH the present number of the TIMES AND REGISTER I lay down the editorial pen and vacate the tripod. The pressure of other work, practical and literary, has long prevented my giving to my editorial duties the attention they require, and I am well pleased to have found so able a successor. I shall continue to labor for the interests of the

journal, and trust, that with the united efforts of the new editor and the old staff, our readers will have reason to congratulate themselves on the change. The Bureau of Information will continue under my supervision, and communications intended for it may be addressed to me as heretofore.

WILLIAM F. WAUGH.

PERSONAL.

It is not without a full appreciation of the magnitude of the work before me that I am induced to enter a field of labor so successfully carried on by the retiring editor, Dr. Waugh. It doubtless will be learned, with a feeling of relief to our subscribers, that the genial doctor does not relinquish all interest in the TIMES AND REGISTER with the editorial pen. It certainly has been due to his untiring efforts in the recent past that the readers of this journal have received so bright a periodical. My daily aim and ambition is that the editorial management shall not suffer in the retirement of Dr. Waugh, and that we can still present to our subscribers a valuable journal for the general practitioner.

F. S. PARSONS.

Annotations.

A NEW SYMPTOM IN THE DIAGNOSIS OF TYPHOID FEVER.

DR. V. FILIPOVITCH in *La Revue Medicale* August 20, 1893, has observed in two epidemics of typhoid fever a symptom not yet described, and to which he has applied the name of "palmo-plantaire." It consists of a peculiar callous and yellow color, orange or saffron, on all the prominent parts of the palms of the hands and the soles of the feet, parts which are among healthy subjects more or less rosy, but in cases of cyanosis be-

come bluish. This phenomena is explained by a weakening of the heart's action by an incomplete refilling of the capillaries, and by a drying up of the skin from enteric fever.

CREASOTE CARBONATE.

THIS is a new preparation from the chemical combination of beechwood creasote and carbonic acid. It is a clear, neutral, oily liquid, free from the unpleasant odor and burning taste of creasote. It is insoluble in water but soluble in five parts of cod liver or olive oil. It is non-poisonous to such a degree that it can be dispensed as a pure, undiluted substance by the teaspoonfuls and will agree with sensitive patients.

In the creasote treatment of phthisis it is desirable to exhibit the largest possible doses of the drug. The principal difficulty in this is the irritation to the stomach of the pure beechwood creasote. Therefore, if in creasote carbonate there has been found an agent that will give the fullest effects of the antiseptic properties of creasote without the danger of poisoning, a valuable advance has been made in modern therapeutics. It is stated that the first effects of creasote carbonate is an increasing appetite and consequent gain in strength while the cough diminishes in frequency perceptibly. Lastly a healing process in the lungs is observed. The compound is manufactured by Dr. F. Von Heyden, Germany, and is imported by Schering & Glatz, 55 Maiden Lane, New York.

BETANAPHTHOL-BISMUTH, CRESOL-BISMUTH, PHENOL-BISMUTH.

IN a paper published in the *Archives des Sciences Biologiques* Vol. II, No. 2, Dr. M. F. A. Jasenski reports experiments, made in Prof. Nencki's Laboratory at the St. Petersburg Imperial Institute for Experimental Medicine. As the results, derived from these experiments, Dr. Jasenski publishes the following conclusions:

1. Phenol-bismuth, cresol-bismuth and betanaphthol-bismuth, when introduced

into the stomach, are decomposed by the gastric juice into phenol, cresol or naphthol on one hand and bismuth on the other; some of the preparation which has not had sufficient time to be decomposed in the stomach, passes on into the intestine where the conditions are also favorable to its complete decomposition on account of the acid reaction of its contents and the presence of the pancreatic juice.

2. Phenol and cresol, after being separated from the bismuth are absorbed completely by the intestine and eliminated with the urine in the form of sulfocarbolic or cresylic acid, or combined with glyco-uric acid; naphthol, on the other hand, is only partially eliminated with the urine, the remainder passing through the whole digestive canal and being excreted with the feces.

3. Bismuth is almost completely excreted with the feces (96.4 per cent.) as sulphide of bismuth, none of it being found in the urine. This is different in the dog, as the gastric juice of this animal contains much more hydrochloric acid than that of man. A small quantity of bismuth, therefore, is here transformed into the soluble chloride, reabsorbed and eliminated with the urine, while the greater part passes away with the feces in the form of sulphide as in man.

4. In spite of the toxic properties of the phenols, etc., none of the three preparations have had the least injurious effect, although they were administered for three weeks in daily doses of 5.0 gms. (75 grains) to man and of 10.0 gms. (150 grains) to dogs. This is probably due to the slow separation of the phenols, etc., from the bismuth.

PATERNAL TRANSMISSIBILITY OF TUBERCULOSIS.

DR. JOHN M. KEATING, in an excellent paper before the American Pediatric Society in May, 1893, on "Plausibility of the direct transmission of tuberculosis to the fetus from either parent" concludes as follows:

1. Unrecognized genital tuberculosis in women without pulmonary disease is not uncommon.

2. A tuberculous mother can transmit the disease to her offspring in utero.

3. Tuberculosis is apparently at times confined to the generative organs of women, probably with greater frequency than we now recognize.

4. Bacilli or their spores can be conveyed by means of seminal secretion to women when no apparent tubercular lesion is present in the male generative organs.

5. Women may, and often do, escape tuberculosis when transmitted in this way, and even when evidence exists of tuberculosis of the male generative organs.

6. Is it not possible for the father to transmit his disease directly to the fetus, the mother not proving a fertile soil, and, if so, is it not possible for this inheritance to become latent in the child, only to manifest itself when accident or environment tends to bring it into activity? And can we not go still further and assert that the bacillus or its spores, inherited from either parent, may be carried into another generation and either become manifest in glandular affections, joint troubles or even finally in pulmonary disease?

Book Notes.

THE NEW PHARMACOPEIA.—A copy of the new pharmacopeia of the United States, (the seventh decennial revision,) has just been received. We note many desirable changes. It is so every time a decade rolls by. The new must ever take the place of the old. Humanity is never at a standstill. Men are born, live, and die; so must works of this kind. What was desirable ten years ago is less so now, and, when we note that ninety articles previously official have been dismissed from the pharmacopeia, it is as much in the line of advancement as to note that eighty-eight new ones have been added.

The new book contains 997 articles, and has made a revision admirable for its thoroughness, and conspicuous in its scholarship. The revisors have evidently been brought to a full understanding of the needs of the profession.

A new term, "Emulsium," has been introduced in place of the term "Mistura," where the latter had been applied to preparations which are properly emulsions.

The metric system of weights and measures has been used in place of the old grain, scruple, and drachm system, No equivalents being considered necessary. This is the right way to treat this matter, for as long as both systems are in force there is always to be expected more or less confusion. Do away with the most confusing method and let us have, from the start, the simpler decimal system.

The ninth annual volume of Transactions of the New York State Medical Association for 1892 has been received. It contains 834 pages. Besides the usual list of officers of the Association past and present, the papers read before the Association in New York city last November and a list of delegates and invited guests there are reports of the district branches, and a complete list of the fellows of the Association. The papers published in the volume present a vast amount of material for thought and consideration representing, as they do, patience and persevering work and study by the contributors. It is doubtful if a more valuable series of papers and discussions covering the field of general medicine and surgery can be found between the covers of one book.

About October 15th a Medical Directory of the State of Connecticut will be issued by the Danbury Medical Printing Co., of Danbury, Conn. It will contain a list of all the medical practitioners of the state, the various medical societies, all the dentists and dental societies, druggists and pharmaceutical societies, nurses and training schools for nurses, hospitals, etc. Price \$1, delivered free by post.

DR. FRANK E. WAXHAM, of Chicago, has been elected to the chair of Laryngology and Clinical Medicine in the Gross Medical College of Denver.

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to

Bureau of Information,
TIMES AND REGISTER,
1725 ARCH STREET, Philadelphia, Pa.

SPEECH AFTER CLEFT PALATE OPERATIONS, OR WITH USE OF OBTURATORS.

A LETTER written by Dr. Garretson in response to the accompanying inquiry will have interest for medical readers at large.

DR. JAMES E. GARRETSON, 1537 Chestnut street, Philadelphia, Pa.

Dear Doctor:

Can you kindly aid me by informing me to whom I may best send patients who have been operated on for cleft palate for instruction in better articulation and pronunciation? There must be teachers or institutions which you can recommend. Unfortunately we have in our neighborhood no one who makes a specialty of this sort of instruction, and if you know of any such you will confer a great favor by giving me name and address. Thanking you in advance, I am,

Yours very truly,
R.

Dear Doctor:

I know of no school, or place for instruction, such as asked after in your letter. My own manner of dealing with these patients is to recommend, and insist on, the study and use of synonyms. Practice in this direction, if faithfully pursued, results in wonderful improvement. Let a book be bought and let the child be instructed as to a replacement of unpronounceable words by others of similar significance found fitted to its defect. Continuance of such study and practice enables a person, sooner or later, to talk about as well as do people in general.

Respectfully,
J. E. GARRETSON.

FURUNCULOSIS.

I COME to you for help in a case of skin disease. It is a child eight years old. The family history is uncertain. It has had the skin disease from its

birth, during the hot weather; in winter it disappears. The disease is confined to the head, face and neck mostly. The skin is somewhat inflamed and thickened, and studded with what would ordinarily be called boils; but they have no core. The apex of the pustule is not sharp, not much elevated, but according to appearance contains more pus than could be imagined. They get well quickly after being opened but continue to recur regardless of any treatment for such affections. This is not a very good description, but it gets at the substance of the case. Please give your opinion and treatment.

[This appears to be a case of furunculosis; these little boils sometimes occurring in crops for an indefinite period. The first indication is to get the digestive system in condition; then give arsenic sulphide gramme 0.001, before each meal, with tincture of iron in full doses. Locally wash the body with chlorinated soda solution, an ounce to the pint; put all clothes to soak in strong chloride of lime solution, and apply ointment of mercury biniodide, gr. x to benzoated lard, 3j to every congested spot, especially wherever a new boil appears. If the ointment irritates too much, make it weaker. Furunculosis is a germ disease, and the clothes, bed, house and vicinity should be put in good hygienic condition, or the disease will reappear.

—W. F. W.]

ETHYL BROMIDE.

I NOTICE in *Medical World* for July 1893, comments of the editor, mentioning your bringing into use, and being better pleased with bromide of ethyl than any other anesthetic. Please give me the manner in which the said drug is used; for instance in dilating the sphincter of the rectum, or the female urethra

A. J. BEARDSLEY, M. D.
Huntington, W. Va.

[The same precautions are observed as with ether or chloroform. One ounce of good ethyl is usually enough to provide, and of this I generally find the half is ample. I get the patient in position for the operation, and then give about a drachm of ethyl on a handkerchief, rarely employing a cone. Anesthesia comes on quickly, is complete, and lasts but a minute or two—long enough for the operation mentioned, that is done the moment the patient's uplifted arm is relaxed and falls. Ethyl is preferable in all ways for such operations.

While it is dangerous in cases of heart disease, such as render ether or chloroform unsafe, if compelled to anesthetize such a case I would unhesitatingly prefer the ethyl bromide.—W. F. W.]

A DEFUNCT SCHOOL.

CAN you inform me of the title of the Medical School for Women, that was sometimes called the Brown Street University, some fifteen or twenty years ago, with a Dr. Miller as founder?

[The Penn Medical University, Dr. E. D. Buckman, founder, and constituting in his own person the faculty. He thought he had a mission to unite all medical sects, but failed.]

THE FACULTY OF THE NEW TUFTS COLLEGE MEDICAL SCHOOL, BOSTON, MASS., ARE AS FOLLOWS.

Elmer H. Capen, D. D., President.

Albert Nott, M. D., Professor of Physiology and Hygiene; Dean.

Charles P. Thayer, M. D., Professor of General Descriptive and Surgical Anatomy; Secretary.

Henry W. Dudley, M. D., Professor Pathology.

William R. Chipman, A. B., M. D., Professor of Principles and Practice of Surgery and Operative Surgery.

Walter L. Hall, M. D., Professor of Principles and Practice of Medicine and Clinical Medicine.

John W. Johnson, M. D., Professor of Obstetrics and Gynecology.

Frank G. Wheatley, M. D., Professor of Materia Medica and Therapeutics.

Arthur E. Austin, A. B., M. D., Professor of Medical Chemistry. Charles A. Pitkin, Ph. D., Professor of General Chemistry. John A. Tenney, M. D., Professor of Ophthalmology and Otology. Samuel G. Webber, M. D., Professor of Nervous Diseases. William F. Hutchinson, M. D., Professor of Electro-Therapeutics.

The lecturers are, Thomas M. Durrell, M. D., J. Cushing Gallison, M. D., Charles D. Knowlton, M. D., Fred. S. Raddin, A. B., M. D., William A. White, M. D., Richard A. Pierce, Edward E. Thorpe, M. D., and Charles L. Cutler, M. D.

OBITUARY.

Charles W. Parsons, M. D., Professor of Physiology in Brown University, died at Providence, R. I., Sept. 2nd. He was a member of the class of 1840 at Harvard University, and was seventy years of age.

The Medical Digest.

DESTRUCTION OF SURGICAL DRESSINGS BY BENZOATED PARAFFIN.

All surgical dressings should be destroyed immediately after their removal by the one and only purifier, the fire. In every room or ward for the treatment of surgical cases there ought to be a properly constructed furnace with a bright fire from coal or gas, into which the spoiled dressings can be cast and consumed, the products of the combustion being carried away by the chimney shaft. This is not always practical, and in summer-time it may be inconvenient. The difficulty of the fire in the ward or room can always be met, however, by a very simple plan. Into an ordinary glazed iron basin with a lid or cover pour a little common paraffin oil, and as the dressings are removed raise the lid and drop them in, so that they may be charged with the paraffin. Then place the basin containing the dressings in the fire-grate, open the lid of the basin, and setting fire to its contents, allow them to burn until they are all brought to a cinder.

To avoid the odor arising from the paraffin a little *benzoated chloroform* may be added to it. One ounce of chloroform charged to saturation with benzoic acid and added to a pint of the oil is a good mixture. A pleasant odor is diffused from the fluid itself, and unpleasantness is prevented from fumes arising during the final combustion.

In the post mortem room the mixture is equally useful for the destruction, by fire, of cotton, wool, tow, sponges, cloths, or other combustible things that may require to be destroyed. Steel instruments dipped in the oil and then fired are easily and quickly purified before being restored to their case.

—*The Asclepiad*

THE OPERATIVE TREATMENT OF PERITONEAL TUBERCULOSIS.

The value of operation in the treatment of peritoneal tuberculosis in children, has been much disputed and even yet is by no means generally allowed. The numerous cases benefited by laparo-

tomy have been challenged as to correctness of diagnosis and the indications which predict a favorable result not thoroughly understood. The report by Conitzer of seven cases operated upon for tuberculosis of the peritoneum throws some light upon the points in dispute.

The children varied from two and a quarter to nine years old. Four cases were of the exudative form in which there was a diffuse superficial inflammation of the peritoneum with numerous very small tubercles upon the parietal and visceral membrane and free serous fluid in the abdominal cavity. In all of these cases there was but slight disturbance of the general health. Some anorexia and heaviness and disinclination to move about were the chief symptoms. Some of the patients, too, had gray colored stools though not otherwise icteric.

The other three cases were of the dry adhesive form in which there was more general disturbance and often pain, and a considerable degree of matting together of the intestines and omentum.

The operation consisted only of an incision into the abdomen, and, after allowing the free fluid to escape, closing up of the wound. No washing or manipulation of the cavity was done in any case.

The four exudative cases all made a lasting recovery. In each, microscopic examination of the tissue showed characteristic tubercular structure, giant cells, and in two cases the presence of bacilli. The three other cases all showed caseous tubercular nodules with bacilli. One case recovered from the operation and after four and a half months was still relieved from much of the pain and discomfort though not at all well. The other two cases died with little or no relief.

After discussing these cases in detail he draws the following conclusions:

(1) Peritoneal tuberculosis is spontaneously curable: the dry form in very few, the exudative form in a very large number of cases.

(2) All forms may be cured or at least relieved by laparotomy, even when other treatment, including puncture, has failed.

(3) The results of the operation depend upon (a) the form of the disease, the best results being obtained in the

cases of effusion, (b) the duration of the illness, (c) eventual complications.

(4) The operation is contraindicated in advanced cases or those with marked tuberculosis of other organs,

(5) No explanation can be given of the reason or manner of the curative effect.—*Boston Med. and Surg. Journal.*

CHEAP TOOTH BRUSHES DANGEROUS

An operation for appendicitis upon a patient living in this State revealed the fact that the disorder was due to the presence of tooth brush bristles. "Cheap tooth brushes," remarked the Albany surgeon who had charge of the case, "are responsible for many obscure throat, stomach, and intestinal ailments. The bristles are only glued on, and come off by the half dozen when wet and brought in contact with the teeth."

This is a good argument to use at the counter in discouraging the sale of the cheap and, as the above item shows, dangerous tooth brushes with which the fancy goods trade is flooded. It were better for the user to pay fifteen or twenty cents more for a brush well made than to risk the dangers attending the use of the cheaper makeshift.

—*American Druggist.*

INOCULATION OF MEASLES.

Dr. Hugh Thompson, of Glasgow, describes nine cases in which he had inoculated children with fresh serum taken from blisters on patients suffering from measles. He believes that four were rendered immune, that in two the experiment failed. At the point of insertion of the serum slight measly looking patches appeared in from one to two days and lasted for two or three days, accompanied with slight catarrhal symptoms. The serum is taken from small blisters, no larger than a measly patch, and used immediately and inserted by superficial scarifications—*Medical Age.*

A CASE of poisoning by Balsam of Peru is reported by Dr. Lohaus. The subject was a nursing infant, and was poisoned by the balsam used by the mother for sore nipples.

CANNABIS INDICA.

Extract of cannabis indica is one of those drugs which always possess a great fascination for the incipient experimental pharmacologist (very frequently a medical student); and yet there is perhaps even less to be said as to its mode of action than of its immensely more powerful congener, opium.

It is strange that with such strongly marked and highly characteristic subjective symptoms, recognized by every one who has experimented upon himself with it, that is, the immense apparent prolongation of space and time; and the double consciousness, so interesting in its possible relations to hypnotism, that this drug has awakened so little attention on the part of the modern school of experimental psychology.

It has, however, notwithstanding the interest attaching to it, never attained an important position as a hypnotic; probably for two reasons, the first and most important being that it is far from being trustworthy in this direction, and, secondly, that the notorious uncertainty of its preparations has thrown difficulties in the way of exact experiments or the comparison of results. It has, however, occasionally been found useful, especially if given with a corrigent like bromide to counteract its exciting effects.

An observation made by accident led me to inquire whether it could not be profitably employed for a purpose for which the physician is not often asked to prescribe, and for which, so far as I know few if any drugs have been recommended.

It was found that a patient for whom this drug had been ordered for the relief of long-continued headache (which, by the way, it failed to accomplish) had ceased to suffer, after this prescription was made, from the bad dreams that had previously annoyed her. Acting upon this hint, it was given to one or two others who had made similar complaints, with similar results, that is, the character of the dreams changed and became agreeable¹.

The idea which first comes into the physician's mind when he hears this complaint is likely to be that of the traditional mince-pie, or, in other words, he is very apt to attribute all bad dreams,

as undoubtedly many of them ought to be, to a more or less serious indigestion or an uneasy conscience. But as it is not probable that all cases have so simple an explanation, and may not yield, any more than the insomnia which they accompany or replace, either to diet, laxatives, tonics or sincere repentance, the possibility of dealing effectually with the symptom may occasionally be welcome.

This may be a small matter; but when good restful sleep is likely to be an important or even the essential part of the cure, it is not entirely to be neglected. How often does it happen that when the patient is questioned whether he slept well, the answer comes, "Oh, I slept! but it didn't do me any good. I worked harder in my sleep than I do when I am awake."

I write this in the hope that others, as opportunity offers, may try whether this effect is a real and tolerably constant one, or whether my experience was one of coincidences only.

I may recall here the remark of Fitzhugh Ludlow, speaking, however, of much larger doses than are to be employed for this purpose, to the effect that when a second dose is taken before the effects of the first have passed off, the visions are invariably terrible.

The drug should not be given in so-called "full doses," that is, not sufficiently large to produce effects obvious to any one but the patient, and hardly even that, but just short of it. For example, if experiments have shown that ten drops of the preparation to be used gives rise, in the average person, to some excitement, rapid talking, laughter, double consciousness, etc., let the dose for the purpose we are considering be, say, six or seven. I have found that a very convenient plan of administration, admitting of varying the dosage much more easily than by the preparation of pills, which are exceedingly difficult to divide and to make up, is to prepare an alcoholic solution of the extract, which may then be dropped in the desired quantity upon a spoonful of granulated sugar. The dose is to be determined afresh for each fresh parcel of the drug used.

¹It has acted in a similar way in one or two cases which occurred after the above was written.

—R. T. Edes, *Boston M. and S. Jour.*

CAN LIVING CHOLERA BACILLI BE
BROUGHT INTO THE AIR BY
DUST OR GARBAGE.

It is generally accepted that cholera bacilli cannot be transferred by air. This statement is based on the belief that the vitality of cholera bacilli is soon destroyed by dryness and as it is well known that bacteria can only be brought into the air when in dry condition.

The latest experiments have shown that the vitality of the bacilli is not so readily destroyed by dryness as it is generally thought. If this is the case, the important question comes up: whether the air cannot be infected with living cholera bacilli by dust charged with them. To come as near as possible to the truth, Uffelman has carefully conducted some experiments to ascertain how long cholera bacilli retain their vitality in dried ground or dust, and whether they are brought into contact with air while living.

Neisser has made some experiments before in regard to this point. He saturated a piece of linen with cholera bacilli, and after it dried he passed a current of air over it, and brought it into contact with a nourishing medium. He failed to find any bacteria. Had he, however, reduced the linen to powder, his experiments would have shown different results.

Uffelman's experiments with garden ground-dust and garbage were conducted in the following manner: After previous sterilization he took a small portion of the dried substance, and saturated it with water charged with cholera bacilli, under exclusion of sunlight and at a proper temperature (15 degrees C). He kept it until perfectly dry again. It took about 16-20 hours to dry. Then he took a small portion of the dried substances reduced them to a powder again, and made some cultures on a gelatine medium. Numerous experiments showed the following results:

At 16½ hours, or just after complete dryness, 30-40 cholera colonies were found; after 24 hours, three cholera colonies; after 48 hours, one cholera colony; after 72 hours, no cholera colonies; after 96 hours, no cholera colonies were found.

In another experiment, Uffelman blew

a small portion of the infected material, eight hours after it was dried, on a gelatine plate. He found six cholera bacilli colonies; after 48 hours no cholera bacilli were developed.

From these experiments, Uffelman comes to this conclusion: that most of the cholera bacilli lose their vitality in dried ground-dust or garbage within 24 hours, but in some cases they retain their vital activity for a much longer time, and in exceptional cases, for three days. These experiments prove that these substances can become intermingled with the air before all the bacteria have lost their vitality.

—*Am. Medico-Surgical Bulletin.*

ICE IN PHLEGMASIA ALBA DOLENS.

Dr. John A. Miller (*Pacific Med. Jour.*) in treating on the subject of "milk leg," speaks highly of the efficacy of the cold treatment of the disease. He first used it in 1886, and since then has used it in six cases with uniform and decided success. The procedure was in the following manner. An ordinary large towel was dipped into iced water, wrung out and clapped around the affected limb; a heavy flannel roller bandage was then applied from the toes upward to the groin. On the most painful parts, like the inner aspect of the thigh, the popliteal region and the calf of the leg, were laid rubber bags filled with ice. These were kept in place by a circular binder, independent and outside of the roller bandage. The patient was a little shocked when the cold towel was first applied, but the unpleasantness was only momentary, and then the reaction brought ease and comfort.

IN MORPHINE POISONING, tincture of capsicum, in ounce doses, has been used with success. It is used undiluted in enemata and repeated as often as necessary. Stretching of the sphincter ani by means of the bivalve speculum as often as respiration flags, has also been practiced.—*North Carolina Med. Journal.*

BROMOFORM, in 1 minim doses, three or four times daily, is now recommended as the best remedy in Pertussis.

—*North Carolina Med. Jour.*

TREPHINING FOR BASAL HEMORRHAGE.

In a paper published in the first number of the *Edinburgh Hospital Reports* Dr. Andrew Smart records a case of no little interest and of considerable practical importance. The patient was a woman aged forty-six; she was conscious at the time of admission and was able to answer questions fairly well. There was a bruise on the right side of the head near the parietal eminence, where she had received a blow; the face was drawn to the right; the pupils were medium in size, nearly equal and reacted normally to light; and there were left homonymous hemianopsia and weakness of the left arm and leg. Coma supervened a few hours after admission. A basal lesion on the right side was diagnosed. Professor Chiene trephined at first over the site of the bruise and then a little in front. The dura mater was incised and considerable bulging of the brain followed. The patient regained consciousness a few hours after the operation, the breathing meantime having become almost natural, whilst before the operation it had been characterised by long intermissions. The improvement continued until she left the hospital, about two months after admission, but the hemiplegic weakness still persisted. This was present a year later and the hemianopsia also remained. The case is interesting as illustrating the relief afforded by an opening in the skull when there is a condition of intracranial pressure present.

—*The London Lancet*, Sept. 9.

ARSENIC IN EPITHELIOMA.

Lassar (Reprint from *Berl. klin. Woch.*, 1893) reports his success with arsenic administered internally in four cases of epithelioma affecting various parts of the face. Case 1 was a man, aged fifty, with three large swellings occupying one orbit, the nose and the chin respectively. Microscopic evidence showed epithelial cells, spindle cells, and alveolar structure. Immediately after the administration of arsenic, the three growths gradually diminished by drying up, involution, and cicatrization, until the youngest growth had disappeared, and the second one cicatrised. The largest and oldest growth occupying nearly the whole of the orbit,

showed little change, and owing to the suggested excision of the eyeball, the patient withdrew from treatment, and is believed to have died subsequently. In a second case, that of a woman of advanced age with a smaller growth on the nose, a great reduction in size took place, and the patient, being satisfied, also ceased to attend.

The author now resolved to adopt the same measure with recent growths instead of at once resorting to the knife. The first patient had on one cheek a growth equal to half a walnut, which had taken six or eight months in developing. Only a slight erosion of the surface was present. The diagnosis was confirmed microscopically, and arseniate of potash was administered three times daily for two months, when the growth had shrunk and cicatrised. The next patient was a man with a similar growth of three months' standing on the left ala nasi, the condition and proofs being the same. Fowler's solution was given internally, accompanied at first by subcutaneous injections. These being painful were discontinued, and in two months complete disappearance with cicatrization followed. The author admits the small number of cases experimented on, but lays stress on the striking and indisputable results. Illustrations of the patients at various times and of the microscopic sections are given.—*British Med. Journal*.

BORIC ACID.

There seems to be a tendency to use borax more and more internally. In all bladder troubles ten grains of the powder is given several times a day. In cystitis it certainly produces good results. Torchinsky has tried it in 240 cases of typhoid fever during an epidemic, and reports 231 cases of success; 10 to 15 grains were given, and in the first three to five days the fever and diarrhea diminished, tympanitis almost disappeared, and the stools became normal in character. As soon as this effect was produced the boric acid was discontinued and tonics given. In the later stages of the disease quinine was added to the boric acid, when there were any cerebral symptoms.

—*The Southern Clinic*.

BROWN-SEQUARD'S ELIXIR.

As this eminent physiologist is re-asserting with great confidence the therapeutic efficacy of testicular and other glandular preparations, it may be interesting to cite negative evidence on the subject. *Lo Spermentale* (of Florence) quotes from the *Riforma Medica* the results of a long series of experiments with the "liquido testicolare di Brown-Séguard," undertaken by S. Massalongo. He concludes that the testicular liquid of young and healthy mammals, injected hypodermically, has not the slightest effect upon the human organism; that the trifling and transitory modifications of circulation, respiration, temperature, and muscular power are explicable by the excitement and tension of the subject's mind, that any rare and transient improvement observed in the treatment of various organic diseases by this method was due to suggestion and the influence of imagination, to which causes alone is to be attributed the cure of some cases of hysteria and neurasthenia.

—*Dublin Journal of Med. Science.*

DIPHTHERIAL HEMIPLEGIA.

Donath (*Neurol. Centralbl.*, July 15th, 1893) reports this case. On the third day of convalescence from pharyngeal diphtheria, the patient, a boy aged eight years, was seized during sleep with right hemiplegia. The face was implicated, and for several days there was complete motor aphasia. The speech faculty underwent considerable improvement, though at the end of five months signs of typical hemiplegia, with contracture, persisted; the right eye showed hypermetropia 7 D, with internal strabismus; the left eye, slight myopia.—*British Med. Journal.*

LIQUOR FERRI CHLORIDI IN DIPHTHERIA.

Hübner and Rosenthal (*Therap. Monatshefte*, December, 1892) speak highly of the value of the chloride of iron in diphtheria, as recommended by Rehn. Hübner treated fifty-two cases, losing only two, although in six of those who recovered the disease was so severe that he could not have hoped to save them with any of the remedies formerly used. The throat was painted twice daily, and in bad

cases three times, with a solution of equal parts to one part in five. The throat was also frequently sprayed with diluted lime water, and ice pellets and an ice bandage about the throat were also employed. Rosenthal reports seventy-nine cases treated in this way. The patients came early and remained until the disease was over. Only seven, or less than nine per cent., died, and the good results are attributed to the iron.

ANTIPYRINE AS A LOCAL ANESTHETIC.

Dr. Neumann recommends antipyrine as a local anesthetic in pharyngeal and laryngeal affections. On painting the mucous membranes of the throat of a dog with a 30-50 per cent. antipyrine solution, a moderate congestion appears, which soon is followed by ischemia; the reflexes are considerably diminished in consequence of the paralysis of the sensitive nerve ends. On insufflating a mixture of equal parts of antipyrine and powdered starch, a burning sensation occurs; which is evidently due to rapid abstraction of water.

The author has employed antipyrine-starch-powder with excellent results in 10 cases of painful laryngeal tuberculosis of the ulcerating and perichondritic forms, it is reported that analgesis usually lasted for several hours.

The advantages claimed for antipyrine as contrasted with cocaine (the anesthesia of which, it is true, is more intense) consist in the long duration of the analgesia, and in the fact that the patients do not acquire a *habit* for the remedy. It is, besides, harmless; and, in doses up to about a gramme (15 gr.), acts favorably as an antipyretic in the fever of tuberculosis.

—*American Medico-Surg. Bulletin.*

DANGER OF APPLYING COCAINE TO NURSES' BREASTS.

Cocaine, applied as ointment or as solution—even only 2 per cent.—to the nipples during lactation, causes their erection, and, what is far more serious, a drying-up of the milk.

The suppression of the latter is only temporary, and ceases on discontinuing the application of the cocaine; but it is

well to warn physicians against prescribing such ointments or solutions with the view of assuaging the severe pain generally produced by fissures of the breast.

—*American Medico-Surg. Bulletin.*

FRECKLES.

Freckles can be removed, according to Hager, by the application every other day, of an ointment composed of white presipitate and sub-nitrate of bismuth, each 1 dr.; glycerine ointment half an ounce.—*Popular Med. Monthly.*

TRIBROMPHENOL BISMUTH has been recommended by Dr. Ferdinand Heuppe, Professor of Hygiene at the German University of Prague, in a paper, published in the *Berliner klinische Wochenschrift*, 1893, No. 7, as a specific against cholera asiatica. It is described as a yellow, neutral, insoluble powder, destitute of odor and taste, nearly non-poisonous, indifferent to mucous membranes and the organs of digestion. It contains 49.5 per cent. of bismuth oxide besides 50 per cent. of tribromphenol.

Prof. Hueppe contends that with this treatment the diarrhea gets better by the removal of its cause, *i. e.*: The toxic products of the comma-bacillus are in some way taken up or neutralized by the new drug. It will be seen that, if we accept this eminent physician's statements, Tribromphenol Bismuth is the ideal antiseptic and disinfectant in Cholera.

THE CURE OF VARICOSE ULCERS.

Dr. Reboul (*Semaine Medicale*), recommends the following treatment: The wound is first cleansed by a dressing of sterilised gauze or of gauze saturated with Van Swieten's solution (hydrarg. bichlor., ammon. chlorid. aa gr. x, distilled water one pint). In other cases compresses moistened with biniodide or cyanide of mercury are applied and held in position by a bandage. After four to five days' treatment in this manner, when the ulcer has become covered with granulations, dry antiseptic dressings are resumed. The cavity of the ulcer is filled with iodoform powder and iodoform or saloe gauze, the limb is then enveloped with a thick

layer of cotton, over which a layer of oiled silk or guttapercha fabric is applied. The dressing is not changed until the lapse of fifteen or twenty days, when frequently the entire ulcer is found to have healed. If cicatrization is not complete at the first change of dressings the procedure is repeated, and healing then usually ensues. In two cases in which the ulcer was so chronic and deep that it could not be thoroughly disinfected with the bichloride solution, the cavity was covered with gauze saturated with naphthol camphor, over which a dressing similar to the above was applied. The result was excellent, healing taking place under one dressing.—*International Journal of Surgery*, September, 1893.

COCAINE IN THE APPLICATION OF ELECTRICITY.

Dr. O. B. Will says, wrap a copper ball electrode with absorbent cotton, soaked in a ten per cent. solution of cocaine. The cocaine serves to relieve irritability of the mucous membrane so often present, and even penetrates to some extent into the sub-adjacent tissues, exerting a calming effect upon their nerve tendrils. Fifteen to twenty, and sometimes less, milliamperes of galvanism will serve to further destroy the hypersensitive condition of the uterus and its adnexa.—*The Southern Clinic.*

TRIONAL.

Koppers (*Intern. klin. Rund.*, 29, 30, 1893) observed the action of trional in twelve patients, and arrived at the following conclusions: In most cases of simple insomnia, 15 grains sufficed to induce sleep within half an hour; 20 or 30 grains may be given if necessary, but with still larger doses the effects do not seem to increase proportionately. Where pain is present, some, though not much, sleep results. Owing to the rapidity of its action, trional is best taken at bedtime in some warm vehicle, such as milk or tea. The after-effects consisted only in slight heaviness in the morning, owing, apparently, to the direct action of the drug on the cortex of the brain, and some slowing of the heart's action. If necessary, it also can be administered *per rectum*, the action thereby not being lessened.—*British Med. Journal.*

HYDROCELE IN THE FEMALE

Lammert (*Centralbl. f. Gynak.*, No. 30, 1893) gives some valuable information on this interesting question: The term correctly signifies a collection of fluid in an imperfectly obliterated canal of Nuck. This form of hydrocele is usually detected in pregnancy and childbed. According to Wechsellmann, it has been found twenty-two times on the right side, seventeen on the left and in two cases on both sides. Lammert has observed this condition in a nullipara, aged 39. It formed an enormous swelling, as big as a man's fist, in the left groin, pyriform, elastic, transparent, and fluctuating. It was irreducible, and there was no impulse on conghing: it reached as far as the labium. On incision a pint of serum escaped: the parts were explored, and the hydrocele was found ending as a blind pouch at the internal abdominal ring.

INDIGO is said to be an effectual remedy for bee-stings; applied locally.

NAIL-BITING AMONG CHILDREN.

Dr. Berillon finds that the habit of nail-biting among children is extremely common. In a public school in Paris out of 265 pupils examined during the month of April last, 63—that is to say, nearly one-fourth—were addicted to the practice. Curiously enough, results vary greatly in different districts and in different schools in the same district. It seems that girls are more given to the habit than boys. In one girls' school in the Department of Yonne, 11 out of 21 were confirmed nail-biters. In another girls' school the proportion was 61 out of 207 pupils, and, of those 61, 15 were found to be in the habit of biting the nails of both hands, and the others of biting only those of one hand. Mr. Berillon recognizes that nervousness has much to do with the habit.

—*N. Y. Medical Record.*

A NEW METHOD OF POLITZERISING.

Everyone who has tried it knows how difficult it is to get the patient, whom it is intended to "Politzerise," to swallow

at the proper moment. Under these circumstances, and as this plan of clearing the Eustachian tube is just now very much in vogue, our readers may be glad to know of a novel and vastly more simple way of attaining the object in view. In Politzer's method, as is well known, in order to prevent the air insufflated into the nose from escaping through the pharynx instead of passing into the tympanic cavity, the patient is asked to sound certain vowels or to swallow a mouthful of water, because in uttering certain vowel sounds, and during the act of deglutition, the soft palate is applied to the posterior wall of the pharynx. The naso-pharyngeal cavity, however, is only partially excluded by these means, and that for a very short time. Dr. Boydan therefore suggests that the patient be directed to take a deep inspiration and then to blow out the air through a small aperture between his closed lips. So long as the patient blows the velum palati remains in contact with the posterior wall of the pharynx, and Politzerisation can be performed without the slightest difficulty.

—*Medical Times and Hosp. Gazette.*

THE SIGNIFICANCE OF PHAGOCYTOSIS.

In an article in the *Medical Record* by J. C. Hemmeter M. D., Ph. D. of Baltimore, the author has attempted to show the following conclusions combatting Metschinkoff's theory of phagocytosis as an agent to render the system proof against disease:

1. In Hess's experiments, on injection of anthrax bacilli in the lymph sac of the frog, a large quantity of bacilli and spores must necessarily be carried directly into the blood streams, and could not possibly be taken up by leucocytes, which are shown not to be present in sufficient numbers to destroy the bacilli and spores.

2. Sanarelli has proven a germicidal action on anthrax bacilli and spores to belong to the cell free lymph of the dorsal lymph sac inside and outside the sac.

3. Leucocytes do not accumulate or migrate to inflamed areas because they are attracted by bacteria, since sterile inflammations and inflammations produced

aseptically by substances having a negative chemotaxis abound in leucocytes.

4. Certain bacteria even exert a negative chemotaxis, *i. e.*, repelling leucocytes.

5. Mitigated cultures produce a greater immigration of leucocytes than do virulent cultures.

6. Leucocytes seem to migrate to and accumulate in areas of inflammation for three main reasons :

a. A physical reason, as pointed out by Weigert, Schlawewsky, and Cohnheim, which is to this effect—the rate of the circulation being much slowed, and arterial pressure raised, the leucocytes, by their physical properties, stick to the sides of the vessel, the walls of which, being pathologically altered, they gain exit by their own ameboid movements, or according to Cohnheim, by a physical process of filtration.

b. The second reason, a chemo-pathological one, is derived from the experiments of Buchner, showing that necrobiosis always attracts leucocytes; the products of tissue necrosis, whether bacteriological or not, attract them. Buchner has isolated from the bacteria and from the necrotic tissues chemical products that exert powerful positive chemotaxis.

c. The third reason, a morphological and embryological one, is founded on the histogenetic relations of the leucocytes to the undifferentiated cells of the mesoblast, which alone have made up the entire embryo. The leucocytes are floating embryonic cells with a latent capacity for further development; the positive chemotaxis that destroyed tissue has for them may be partly explained by their function to aid in tissue reconstruction.

7. In the light of recent observations it is correct to assume that just as certain chemical substances in the bacteria attract or repel leucocytes, so also certain chemical substances present in the cells attract and repel bacteria. This view is supported by many examples of certain cells and tissues being loaded with the specific bacteria, in various diseases.

8. This being the case, it is justifiable to assume that the tissue fluids, being inimical to the existence of bacteria, find in the cells some attraction, some chemi-

cal substance which suits them, hence the cells are not the enemies of the bacteria but their places of refuge. In many infectious diseases it has been shown that leucocytes and similar cells are the places where the bacteria grow, and that these cells are ultimately destroyed by them. The cells succumb to the bacteria, not the bacteria to the cells.

9. The explanation of immunity is to be sought in properties of the cell-free blood-plasma. The blood-plasma of animals immune against a certain disease, injected into a non-immune animal suffering from the same disease, arrests the progress of this disease. The blood of dogs made immune against tetanus possesses a powerful antitoxic action against tetanus. Tetanus in human beings has been cured by injections of tetanus antitoxin.

10. Buchner holds that the first and decisive inimical influence on the infective microbes in a refractory animal and in living tissues is due to the chemical action of the tissue juices; this precedes the taking up of microbes by the leucocytes; this latter phenomenon is dependent on the former, and without the former primary process phagocytosis is impossible.

DIPHTHERIA.

It is now acknowledged that we have a real and pseudo-diphtheritic affection, but the diagnosis or differentiation at an early period is not so easily recognized as to justify the extreme measures of isolation that is necessary to be carried out in the malignant form where the mortality is high. To the medical officer of health this is frequently a perplexing difficulty, and Dr. Schrenk, of the Sanitary Department, proposes that certain chemists be authorised or licensed to have always in readiness a sterilized media on which the growth on the throat may be tested, and a decisive diagnosis arrived at within twelve or twenty-four hours after the onset of the disease. This method, he assures the Department, is already carried out in New York with successful results. The medical officer, when in doubt, calls at the apothecary's and obtains two eprouvettes, one containing the media, the other the instru-

ments sterilised for operation. Thus equipped, the medical officer is in a position to verify or otherwise the suspicious diagnosis on the following day, and by the use of the telephone the patient is removed and the house disinfected before any serious infection can be transmitted.—*Med. Press and Circular.*

SOCIETY NEWS.

The Berks County Medical society met Sept. 12, with these members present: Dr. W. Murray Weidman, president; Dr. J. W. Keiser, acting secretary, and Drs. Frankhauser, Wenger, Loose, Drawbaugh, Feick and Plank. The subjects discussed were vaccination and small-pox. Dr. Weidman exhibited a section of water pipe which was plugged with a dead catfish. The pipe was taken from Hendel's hat factory on South Fifth street.

THE DOCTOR'S REWARD.

The Doctor sat in his room one night,
Dejected, worn, and sad;
His rounds had not been overbright,
And business had been bad.
Some puzzling cases taxed his brain,
His wits were sorely tried;
He managed just his bread to gain,
But little else beside.

His practice barely kept his home,
His troubles broke his rest,
Dread poverty seemed all his doom,
Altho' he strove his best.
He ne'er refused to attend a call,
Regardless of his due;—
"I'll do my best, and that is all
The best of all can do."

The night bell rang, he quickly ran,
A boy stood there, aghast,—
"Some ruffian had just stabbed a man,
And he was dying fast;
The bleeding soon must lay him low
There was no time to spare;"
The Doctor deftly stayed the flow,
And tied the artery there.

So the man was saved, thro' the Doctor's skill
As happens every day,
So, when he claimed his modest bill,
Cold thanks were all his pay.
And the Doctor started home once more,
With a face more brave and bright;—
"I came out poor, and I go home poor,"
But I've saved a life to night.

FOR SALE.—A good practice in West Chester, Pa. Address TIMES AND REGISTER, 1725 Arch street, Philadelphia, Pa.

News.

THE YELLOW FEVER.

The yellow fever situation in Brunswick, Ga. is becoming alarming. Eleven new cases appeared on Sunday, the 16th, and the local board of Health have declared the disease "epidemic". Nearly every year from some portion of the South there are reports of this character. Fortunately as a rule the disease does not break out until the season has advanced within a comparatively short time for frost, still there is time enough for an epidemic of the nature of yellow fever to depopulate an extensive area unless efficiently checked by energetic quarantine and disinfection. A yellow fever camp has been established in Brunswick, and Surgeon General Wyman is doing all in his power to prevent a serious epidemic.

THE CHOLERA.

There is probably no longer any danger that the cholera will gain further foothold this season in this country. The cases recently reported from Jersey City have run their course and no new developments of the disease have been announced. In England cholera continues in the Hull and Grimsby districts but both places are said to be under strict quarantine regulations. In Hungary the cholera is spreading widely whilst it is decreasing at the Danube ports in Roumania.

No spread of cholera has apparently occurred in Berlin during the past week.

In Hamburg ten new cases and two deaths were reported on Wednesday.

In Bilboa during the past two weeks there has been over 163 new cases and forty-one deaths.

SWALLOWED COMMBA BACILLI.

In the Institute of Experimental Pathology in Vienna, Professors Hasterlik and Stockmayer, four students and others swallowed a quantity of comma bacilli. They suffered no bad effects beyond headache and nausea. Professor Stricker therefore draws the conclusion that the comma bacilli will not cause cholera in the case of strong, healthy subjects.

A MEDICO-LEGAL INSTITUTE.

It is proposed to establish a medico-legal institute in Paris. The building will be in immediate communication with the morgue by means of an underground passage (said to be a transformed sewer; but that is a detail), in which there is a tramway for the transport of bodies. The institute will comprise a toxicological laboratory, a work room, a lecture-room, a library, a museum, a post-mortem room with a small waiting room for relatives, and a room in which suspected persons can be confronted with their supposed victims.—*N. Y. Med. Record.*

CONTAGION FROM KISSING.

A telegram from Jamestown, N. Y., says that at a wedding in a village near that place a number of friends kissed the bride, who was suffering from slight sore throat at the time. Since the wedding the case has been found to be one of diphtheria, and a large number of those who embraced the bride when offering their congratulations have been attacked by the disease. No deaths have yet occurred, but many of the cases are said to be very serious.—*N. Y. Med. Record.*

THE AGE OF MATURITY.

Statistics are said to show that young men do not, on the average, attain full physical maturity until they arrive at the age of twenty-eight years. Professor Scheiller, of Harvard, asserts, as the result of his observations, that young men do not attain to the full measure of their mental faculties before twenty-five years of age. A shrewd observer has said that "most men are boys until they are thirty, and little boys until they are twenty-five;" and this accords with the standard of manhood which was fixed at thirty among the ancient Hebrews and other races.—*N. Y. Medical Record.*

AN IMPARTIAL JUDGMENT OF HOMEOPATHY.

The following quotation from the *Wiener medicinische Presse*, 1893, No. 30 p. 1202, must certainly be admitted as a dispassionate and judicial statement of the position of homeopathy, written without

heat or partisanship, but in a spirit of actual fairness and honesty:

"The 2d of July marked the fiftieth anniversary of the death of Samuel Hahnemann, the founder of the 'homeopathic method of treatment.' In an article dedicated to the memory of Hahnemann, by L. Buechner, the distinguished author of *Force and Matter*, after an acknowledgment of Hahnemann's intellectual ability, it is stated that homeopathy is a suitable method of treatment for rich, indolent, nervous, egotistic patients, or such as have a dread of medicines, whose ills, great or small, disappear spontaneously, without medical treatment or with any form of treatment, and with whom the imagination acts as an important adjunct to the processes of nature. Homeopathy will therefore probably never entirely disappear, and is not to be denied a certain amount of credit, partly positive, partly negative. The patient believes that he will be helped by homeopathic remedies, and is really helped—partly in consequence of belief and partly by awaiting the natural outcome of his ailment during the continuance of the homeopathic treatment.

"In the hands of unprofessional persons prescribing their own homeopathic remedies, or in the hands of uneducated quacks, the method is capable of much harm, which it has doubtlessly accomplished in innumerable instances."

This judgment may not apply to the self-styled homeopathist who finds in sectarianism only a means to selfish ends. For him more drastic measures may be necessary; but if there be reputable men among so-called homeopathists, it is time for them to throw off their masks and repudiate a designation that among the discriminating has become a synonym for duplicity and false pretence.

—*Med. News.*

THE "BREAKING-IN" OF INFANTS.

It is a moot question at what age school education should begin. Among the well-to-do the tendency certainly is to let the earlier years of life be free from study, to let the child observe, but not to teach him or put him in a class. The experience of elementary schools, however, points out certain advantages

in early training. It is often said that the boy is the father of the man; perhaps now we shall have to admit that the infant is the father of the boy. Mr. Diggle, Chairman of the London School Board, states that it is gradually becoming easier to maintain discipline among the children, and this improvement he attributes to the fact that the proportion of those who have not passed through the infants' department is getting less and less. There are now only a few waifs and strays among the boys and girls who have not been already broken-in in the infants' school. Whether this "breaking-in" of infants by immature pupil teachers is an altogether satisfactory substitute for a mother's training, and whether the boy so readily amenable to discipline will make so good a fight in life as the wild "shaver" of former times are questions which the future must decide.—*Brit. Med. Jour.*

THE CURE OF HAY FEVER.

The treatment of hay fever is subject to criticism such as comes to no other disease, namely, from societies of the sufferers themselves. It is interesting to note that the patients are not as enthusiastic over, and do not report such good results as a society of their medical advisers would be likely to do. The United States Hay Fever Association have recently held their annual meeting in Bethlehem, N. H., and listened to papers largely on the disease from the patients' point of view. It appears to be the general opinion that the only certain relief is to be found in the White Mountains, and that most therapeutic measures are of little or no use, and some of them harmful. The treatment by local cauterization in the nose is often of benefit, but the benefit is generally only partial and temporary.

—*Boston Med. & Surg. Journal.*

Prescriptions.

UTERINE CANCER.

R Phenol 245 parts
Alcohol " "
Essence of thym 10 "
M. S.—A spoonful poured in a litre of hot water for an injection.

—*L' Union Medicale, du Canada.*

FOR CRAMPS IN THE LEGS OF PREGNANT WOMEN.

Administer five milligrams of Sulfate of Copper every night.

—*L' Gazette Medicale.*

AMENORRHEA.

R Tinct. Ferri muriat 3 iiii
" Cantharidis 3 i
" Guaiaci ammon. 3 ss
" Aloes 3 ss
Lymphi q. s. ad 3 vi
M. S.—A tablespoonful thrice daily.

Dewees.

AMENORRHEA FROM COLD.

R Tinct. Aconiti Radicis 3 ss
Sig.—One drop every hour.

Ringer.

TREATMENT OF CYSTITIS.

Lannelongue recommends in acute and chronic cystitis daily irrigation of the bladder with boric acid solution, followed by immediate injection of ten grms. of a two per cent. solution of iodoform in liquid paraffin; or after the washing out with the boric solution, profuse irrigation of the bladder with the following mixture:

R Iodoform 50.0
Glycerine 40.0
Gum tragacanth. 0.50
Distilled water. 10.0

Sig.—One teaspoonful to one litre of boiled tepid water.

To be shaken well before injection.

—*International Journal of Surgery.*

TREATMENT OF INFANTILE CONVULSIONS.

M. Jules Simon in *La Revue Medicale* counsels the following practice in infantile convulsions.

1. Free the digestive tract by a laxative first, then by titillations of the fauces to provoke vomiting.

2. If the attack continues, give inhalations of ether or chloroform on a handkerchief.

3. Administer in the twenty-four hours the following anti-spasmodic:

R Chloral hydrate
Bromid. potass. aa 1 gram
Syrup codeine gtt x
Tinct. musk
Tinct. aconite rad. aa. gtt x
Aque orange flower . . . 100 grams

4. In cases of prolonged gravity, place a small blister over the epigastrium for three hours.

ANTISEPTIC CATHARTIC.

Eichler employs the following prescription as a cathartic and internal antiseptic:

R Salol, 3ij
Castor oil, 3vj.
Syrup of rhubarb, 3iss.
Cinnamon water, 3v.
Powdered gum arabic, q.s.

Make into an emulsion, and administer one tablespoonful every hour until a purgative effect is obtained, in cases of chronic diarrhea, or else one full dose may be employed, using at the same time a disinfectant rectal injection, containing 15 grains of salicylic acid to a pint of water. The diet should be composed principally of milk and beef tea.

—*Charlotte Med. Journal.*

OTALGIA.

The formula given below has been found useful:

R Menthol, } aa gr. xx.
Camphore, }
Liq. albolene, 3i.
Drop in ear p. r. n.

—*Medical Era.*

TREATMENT OF HEMORRHOIDS.

Hot sitz baths daily, and application on pledgets of cotton, every three or four hours of the following:

R Potass. iodidi, 3—7.5 grams
Iodi puri, 0.50 "
Glycerine, 60.0 "

International Journal of Surgery.

DURETIC WINE

For oedema, general anasarca and dropsy in cardiac add renal diseases:

R Fluid ext. jalap, 3iij.
Fluid ext. squills, 3iij.
Fluid ext. jaborandi, 3i.
Fluid ext. digitalis, M xxx.
Nitrate of potash, 3iv.
Angelica wine, O ij.

M. Sig.—One tablespoonful in water every four hours.

R. I. Med. Science Monthly.

TO GO OR NOT TO GO.

When the poor victim of tuberculosis and cardiac irregularity is watching day by day the irresistible progress of the demon who holds him in his sway, when hope is alternated with despair; when one friend advises this place, and another that: when one paints in glowing, hopeful language the benefits to be derived from a visit to the mountain resorts; while another warns him that as sure as he seeks a higher altitude, he will die of "heart failure"—he is torn between two opinions, and his constant thought is:

To go—or not to go? That is the question;
Whether it is better to remain and suffer
The pains and achings of outraged nature,
Or to take the train some fine and balmy morning,
And by emigrating, end them,—to die? Oh no,—
to sleep,—

That's it—and by a sweet refreshing sleep, to day
we end

The bone ache and the thousand infernal pangs
That invalids are heir too. 'Tis a consummation
Devoutly to be wished. To die? Hardly. To
sleep?

To sleep?—perchance to sweat—aye, there's the
rub.

For in the sleep of phthisis what seas of perspi-
ation

Do pour from one's dilapidated entic!e!
Shall mountain heights and elevated regions
Claim our abode? Or shall the damp
And dew-beladen air of shady glen and ocean
beach

Lull our spirits to that undiscovered country
From whose bourne no traveler returns?

—*Eclectic Med. Journal*

VICARIOUS SYMPTOMS.

The Wife: There is a prescription that the doctor left for you to-day when he called and found you out.

The Husband: How did he know what to give me?

The Wife: He said that from my appearance and symptoms he knew you were suffering from chronic dyspepsia.

—*N. Y. Medical Record.*

A boy whose leg was repaired in New York by grafting some skin from a dog complains now that his skin barkseasily.

—*R. I. Medical Science Monthly.*

A PLAUSIBLE DERIVATION.

What sort of a doctor is a specialist, papa?

Pater—One who devotes himself to the acquirement of specie.—*S. & G. Monthly.*

THE ELECTRICAL HORSEWHIP.

It seems doubtful whether objection can be brought against the latest form of horse-whip, which is constructed so as to give a slight electrical shock to the animal. The handle, which is made of celluloid, contains a small induction coil and battery, the circuit being closed by means of a spring push. The extremity of the whip consists of two small copper plates insulated from each other, each of which is provided with a tiny point. The plates are connected with the induction coil by means of a couple of fine insulated wires. As a means of surprising a sluggish animal into doing his best work without the infliction of physical pain the electrical horsewhip will by many be hailed with gladness.

—*Hartford Times.*

HARD ON TIME.

No wonder Time is represented as haggard and worn out; a watch keeps time, the chorister beats time, the clock strikes time, trains run on time—not all but some of 'em—the foreman lays out time, people threaten to do things if they get time, soldiers mark time, criminals serve time, few can spare time, everybody now and then tries to kill time, and perhaps your subscription is behind time.

—*Charlotte Medical Journal.*

A RECENT CORONER'S JURY'S VERDICT.

At Highland, New York, the body of a drowned woman was taken out of the river recently. A jury, regularly constituted for the holding of an inquest, is reported to have rendered the following verdict: "We do say upon oath that the deceased came to her death by being found in the Hudson river, cause of death unknown."—*Charlotte Medical Journal.*

A man was being wheeled away with the dead, at the time of an epidemic. The victim suddenly raised his head and demanded of the man who was taking him along the street, where he was taking him to? "To the dead house," was the reply. "But I am not dead," said the poor man. "O, you be quiet," said the man who was pushing him along, "I

guess the doctor knows more about this than you do, and he says you are dead."

—*Popular Medical Monthly.*

WRINKLES.

Quite a sensation has recently been made in Boston by the successful application of wool-fat, or agnine, to the skin, for the removal of wrinkles. When applied with rubbing, it passes directly through the skin and acts as a nutrient to the fatty tissues beneath. An ancient dame has succeeded in removing nearly all the crows-feet from around her temple, and the remedy is fast becoming very popular.—*Popular Medical Monthly.*

DR POSSI, of Paris, the well-known gynecologist, is on his way to Chicago, having been designated by the French Government to attend the World's Fair.

CASTRATION for rape is not a new proposition, but in view of the horrible prevalence of lynch-law in certain parts of the United States, it becomes a question if the procedure should not be given the sanction of good law-courts as well as that of the court presided over by the ferocious Judge Lnych. In such a suggestion there is no attempt to "make the punishment fit the crime," but for heinous sexual crimes castration would appear appropriate and logical. There is, however, a class of criminals, that will possibly be made more vindictive by any punishment, and especially by this form of it, and harbor a revenge perhaps more ineradicable than before against society. Then, too, a criminal thus punished has only to move to a part of the country where is not known to escape knowledge of his mutilation. But, after all, the plan seems worthy of a trial.—*Medical News.*

NOTICE.

The editor would be glad of original communications, clinical memoranda, or notes from the professors on acute rheumatism for a special number in October.